



Tennessee Department of Environment and Conservation  
Division of Water Resources  
William R. Snodgrass-Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243  
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)  
STATE OPERATING PERMIT (SOP) - NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise  
Application type: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification  
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: \_\_\_\_\_

**OPERATION IDENTIFICATION**

Operation Name: <b>C.A. Light Foot</b>		County: <b>Bradley</b>
Operation Location/ Physical Address: <b>311 Lightfoot Rd. NE Cleveland, TN 37323</b>		Latitude: <b>35.180169</b>
		Longitude: <b>84.708525</b>
Name and distance to nearest receiving water(s): <b>Unnamed Trib to South Chestuee Creek 385'</b>		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers: <b>SPOC00018</b>		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: <b>40,000</b>	Number of Barns: <b>4</b>	Name of Integrator: <b>Pilgrims</b>
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

**PERMITTEE IDENTIFICATION**

Official Contact (applicant): <b>Carol Lightfoot</b>		Title or Position: <b>Owner/Operator</b>		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Mailing Address: <b>311 Lightfoot Rd. NE</b>	City: <b>Cleveland</b>	State: <b>TN</b>	Zip: <b>37323</b>	
Phone number(s): <b>423-715-8938</b>	E-mail:			
Optional Contact: <b>C.A. Lightfoot</b>		Title or Position: <b>Owner/Operator</b>		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address: <b>311 Lightfoot Rd. NE</b>	City: <b>Cleveland</b>	State: <b>TN</b>	Zip: <b>37323</b>	
Phone number(s): <b>423-715-8937</b>	E-mail:			

**APPLICATION CERTIFICATION AND SIGNATURE** (must be signed in accordance with the requirements of Rule 0400-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Name and title, print or type <b>Carol Lightfoot / owner</b>	Signature <i>Carol Lightfoot</i>	Date <b>1-26-2015</b>
---	-------------------------------------	--------------------------

**STATE USE ONLY**

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date

I will continue to operate my farm according to my current NMP.

*Carol Lightfoot*

**RECEIVED**

JAN 29 2015